DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF FORMING A DENTAL PRODUCT and specification of which

(check one)	1. <u>x</u>	is attached he	ereto.		,
	2	was filed on _	and was ame	as Applic	ation Serial No. (if applicable).
I hereby sta	ate that	I have review	_ wed and under	stand the co	ntents of the above
					amendment referred
to above.					
					al to the examination
					gulations, 1.56(a).
					States Code, 119 of
		` '			below and have also
					tificate having a filing
		• •	which priority is	claimed:	
Priority Claime	_	_			
Prior Foreign A			Dov/Mo/Vr E	Slod	
Priority Claime	d. Vae	y	Day/Mo/Yr F	TIEU	
•	-		Title 35 United	1 States Code	e, 120 of any United
					atter of each of the
	` ,		•	-	es application in the
			•		States Code, 112, I
					in Title 37, Code of
					g date of the prior
			nternational filing		
) to prosecute this
	I to trans	sact all busine	ss in the Paten	t and Tradema	ark Office connected
therewith:					
1. Dale R. Lov			Reg No		
2. <u>Douglas J. I</u>			_Reg No. <u>33249</u>		
3. <u>John L. Wel</u>			_Reg No. <u>3362</u>	-	
4. <u>Anthony J. I</u>		nus			
5. <u>James B. Bi</u>	ener		Reg No	. <u>∠8034</u>	

Address all telephone calls to <u>Dale R. Lovercheck</u>
At telephone no. (717) 849-4472
Address all correspondence to <u>Dale R. Lovercheck, Esquire</u>
Firm <u>DENTSPLY INTERNATIONAL INC.</u>
Address <u>570 West College Avenue</u>
City/State/Zip <u>York, PA 17405</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor <u>Ber</u>	<u> njamin J. Sun</u>					
Inventor's signature	Date					
Residence 3130 Wheatlyn Road, You	rk, PA 17402	_				
Citizenship US						
Post Office Address: 3130 Wheatlyn Road, York, PA 17402						
-	·					
Full name of sole or first inventor <u>And</u>	drew M. Lichkus					
Inventor's signature	Date					
Residence 1445 Rose Point Drive, Yo	rk, PA 17404	_				
Citizenship US	·					
Post Office Address: 1445 Rose Point	Drive York PA 17404					